

IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO

CASE NO. 17-15991

IN RE:

CHAPTER 7

Jose Ivan Medina

JUDGE: Harris

Conversion Chapter 13 to 7

Amended Summary of Schedules
Amended Schedule A/B Property
Amended Schedule C Property Exemptions
Amended Schedule E/F Unsecured Creditors
Amended Schedule I Income
Amended Schedule J Expenses
Amended Form 108 Statement of Intention
Amended Form 2030 Compensation Statement of Attorney for the Debtor(s)
Declaration regarding schedules
Verification of Creditor Matrix

Respectfully submitted,

/s/ Barbara Quinn Smith
Barbara Quinn Smith (0055328)
LAW OFFICES OF BARBARA QUINN SMITH
9853 Johnnycake Ridge Rd Suite 106
Mentor, OH 44060
P: 440-354-4010 F: 440-332-7979

Fill in this information to identify your case:

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Ohio

Case number 17-15991
(If known)

☒ Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information 12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|---|--|---|
| 1. <i>Schedule A/B: Property</i> (Official Form 106A/B) | | |
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> | | \$ <u>250,000.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> | | \$ <u>40,715.95</u> |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> | | \$ <u>290,715.95</u> |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|---|--|---|
| 2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D) | | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> | | \$ <u>230,056.89</u> |
| 3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) | | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | | \$ <u>7,617.21</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | | + \$ <u>30,409.00</u> |
| Your total liabilities | | \$ <u>268,083.10</u> |

Part 3: Summarize Your Income and Expenses

| | | |
|---|--|--------------------|
| 4. <i>Schedule I: Your Income</i> (Official Form 106I) | | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | | \$ <u>3,782.70</u> |
| 5. <i>Schedule J: Your Expenses</i> (Official Form 106J) | | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | | \$ <u>3,715.07</u> |

Debtor 1

Jose Medina

First Name

Middle Name

Last Name

Case number (if known) 17-15991

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 4,896.67

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

| | |
|--|-------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 7,617.21 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 7,617.21 |

Fill in this information to identify your case and this filing:

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Ohio

Case number 17-15991
 (if know)

☒ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2
- ☒ Yes. Where is the property?

1.1 9049 Clay St
 Street address, if available, or other description

Montville OH 44064

City State ZIP Code

Geauga County

Country

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

20-070957

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
| \$ <u>250,000.00</u> | \$ <u>250,000.00</u> |

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee simple

☐ Check if this is community property

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....>

\$ 250,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Case number(if known) 17-15991

3.1 Make: Husqvarna
Model: Riding Mower
Year: 2011
Approximate mileage: _____
Other information:

Condition:

Who has an interest in the property? Check one
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
| \$ <u>1,500.00</u> | \$ <u>1,500.00</u> |

3.2 Make: Honda
Model: Civic
Year: 2013
Approximate mileage: 80000
Other information:

Condition: Good;

Who has an interest in the property? Check one
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
| \$ <u>7,000.00</u> | \$ <u>7,000.00</u> |

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....>

\$ 8,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe...

8 Queen Anne Chairs \$450;
3 Queen Anne Tables \$150;
2 Area Rugs \$100;
10 Lamps \$400;
3 Queen Size Beds \$800;
5 Dressers \$400;
2 Nightstands \$100;
1 Queen Anne Dining Table \$200;
1 Queen Anne Hutch/Cabinet \$300;
Flatware/China \$150;
Pots/Pans \$100;
Refridgerator \$600;
Stove \$500;
Microwave \$200;
Toaster Oven \$75;
Coffee Maker \$75;
Washer/Dryer Set \$150;
Iron and Ironing Board \$25;
Gas Grill \$200;
Outdoor Furniture \$30;
Tools \$300

\$ 5,305.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☒ Yes. Describe...

2 27" Televisions

\$ 400.00

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Case number(if known) 17-15991

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe...

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No
☒ Yes. Describe...

2 Bicycles \$150
 Bowflex \$400 \$ 550.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe...

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe...

Clothing \$ 450.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver

- ☐ No
☒ Yes. Describe...

Costume Jewelry \$50
 Stainless Steel Rings \$50 \$ 100.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

- ☒ No
☐ Yes. Describe...

14. Any other personal and household items you did not already list, including any health aids you did not list

- ☐ No
☒ Yes. Give specific information...

Encyclopedia Set \$ 200.00

15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....>

\$ 7,005.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☒ No
☐ Yes..... Cash \$ _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No
☒ Yes..... Institution name:

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Case number(if known) 17-15991

17.1. Checking account: Huntington \$ 100.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
☐ Yes. Give specific information about them.....

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
 Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them.....

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately

Type of account Institution name

401(k) or similar plan: Janitorial Services, Inc. 401k Plan \$ 25,110.95

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes.....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...

| |
|--|
| |
|--|

Federal: \$ 0.00
 State: \$ 0.00
 Local: \$ 0.00

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Case number(if known) 17-15991

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information....

31. Interests in insurance policies

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value....

32. Any interest in property that is due you from someone who has died

- ☒ No
☐ Yes. Give specific information....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

- ☒ No
☐ Yes. Give specific information....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Give specific information....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information...

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....>

\$25,210.95

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information...

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Case number(if known) 17-15991

| | | | |
|--|--------------------------------|-------------------------------|---------------------------------|
| Part 8: List the Totals of Each Part of this Form | | | |
| 55. Part 1: Total real estate, line 2.....> | | | \$ 250,000.00 |
| 56. Part 2: Total vehicles, line 5 | \$ <u>8,500.00</u> | | |
| 57. Part 3: Total personal and household items, line 15 | \$ <u>7,005.00</u> | | |
| 58. Part 4: Total financial assets, line 36 | \$ <u>25,210.95</u> | | |
| 59. Part 5: Total business-related property, line 45 | \$ <u>0.00</u> | | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ <u>0.00</u> | | |
| 61. Part 7: Total other property not listed, line 54 | + \$ <u>0.00</u> | | |
| 62. Total personal property. Add lines 56 through 61 | <div>\$ <u>40,715.95</u></div> | Copy personal property total> | <div>+ \$ 40,715.95</div> |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | | <div>\$ <u>290,715.95</u></div> |

Fill in this information to identify your case:

| | | | |
|---|------------------|-------------|-----------|
| Debtor 1 | Jose Ivan Medina | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Ohio | | | |
| Case number (if known) | 17-15991 | | |

☒ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|--|--|--|------------------------------------|
| 9049 Clay St Brief description: Line from Schedule A/B: 1.1 | \$ 250,000.00 | <input checked="" type="checkbox"/> \$ 28,443.11 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(1) |
| 2011 Husqvarna Riding Mower Brief description: Line from Schedule A/B: 3.1 | \$ 1,500.00 | <input checked="" type="checkbox"/> \$ 1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(2) |
| Household goods - 8 Queen Anne Chairs \$450; 3 Queen Anne Tables \$150; 2 Area Rugs \$100; 10 Lamps \$400; 3 Queen Size Beds \$800; Brief description: Line from Schedule A/B: 6 | \$ 5,305.00 | <input checked="" type="checkbox"/> \$ 5,305.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor Jose Ivan Medina
 First Name Middle Name Last Name

Case number (if known) 17-15991

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|--|--|--|------------------------------------|
| Electronics - 2 27" Televisions | | | 2329.66(A)(4)(a) |
| Brief description: Line from Schedule A/B: 7 | \$ 400.00 | <input checked="" type="checkbox"/> \$ 400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Sports and hobby equipment - 2 Bicycles \$150 Bowflex \$400 | \$ 550.00 | <input checked="" type="checkbox"/> \$ 550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Line from Schedule A/B: 9 Clothing - Clothing | \$ 450.00 | <input checked="" type="checkbox"/> \$ 450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Line from Schedule A/B: 11 Jewelry - Costume Jewelry \$50 Stainless Steel Rings \$50 | \$ 100.00 | <input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(b) |
| Line from Schedule A/B: 12 Other - Encyclopedia Set | \$ 200.00 | <input checked="" type="checkbox"/> \$ 200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(4)(a) |
| Line from Schedule A/B: 14 Huntington (Checking) | \$ 100.00 | <input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(3) |
| Line from Schedule A/B: 17.1 Janitorial Services, Inc. 401k Plan | \$ 25,110.95 | <input checked="" type="checkbox"/> \$ 25,110.95 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522 |
| Line from Schedule A/B: 21 | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: | \$ | <input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |

Fill in this information to identify your case:

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Ohio

Case number (if know) 17-15991

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

Column C
Unsecured portion If any

2.1 Describe the property that secures the claim: \$ 2,405.89 \$ 250,000.00 \$ 0.00

LVNV Funding

Creditor's Name

PO Box 10497

Number Street

Greenville SC 29603

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred _____

9049 Clay St, Montville, OH 44064 - \$250,000.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☒ Judgment lien from a lawsuit☐ Other (including a right to offset) _____

Last 4 digits of account number

2.2

Describe the property that secures the claim: \$ 8,500.00 \$ 7,000.00 \$ 1,500.00

Presige Financial Services

Creditor's Name

PO Box 26707

Number Street

Salt Lake City UT 84126

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred _____

2013 Honda Civic - \$7,000.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) _____

Last 4 digits of account number

2.3

Describe the property that secures the claim: \$ 219,151.00 \$ 250,000.00 \$ 0.00

Specialized Loan Servi

Creditor's Name

8742 Lucent Blvd Ste 300

Number Street

Littleton CO 80129

City State ZIP Code

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred _____

9049 Clay St, Montville, OH 44064 - \$250,000.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) _____

Last 4 digits of account number 9486

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 230,056.89

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Ohio

Case number (if know) 17-15991

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
- ☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|--|---|------------------------|------------------------|
| <div>2.1</div> <div>Internal Revenue Service</div> <div>Priority Creditor's Name</div> <div>PO Box 7346</div> <div>Number Street</div> <div>Philadelphia PA 19101</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div> | <div>Last 4 digits of account number</div> <div>\$ 5,574.00</div> | <div>\$ 2,333.62</div> | <div>\$ 3,240.38</div> |
| <div>When was the debt incurred? 2007, 2008, 2011, 2012, 2014, 2015, 2016</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of PRIORITY unsecured claim:</div> <div><input type="checkbox"/> Domestic support obligations</div> <div><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</div> <div><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</div> <div><input type="checkbox"/> Other. Specify</div> | | | |

2.2

State of Ohio

Priority Creditor's Name

4485 Northland Ridge Blvd.

Number Street

Columbus OH 43229

City State ZIP Code

Who owes the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim relates to a community debt****Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number** 13940422

\$ 650.37

\$ 650.37

\$ 0.00

When was the debt incurred? Unknown**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Type of PRIORITY unsecured claim:**☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Total claim | Priority amount | Nonpriority amount |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| | | | | | |
|-----|--|--|-----------|-----------|---------|
| 2.3 | <div>State of Ohio Priority Creditor's Name 4485 Northland Ridge Blvd. Number Street Columbus OH 43229 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> | <div>Last 4 digits of account number 7249716 When was the debt incurred? Unknown As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</div> | \$ 535.84 | \$ 535.84 | \$ 0.00 |
| 2.4 | <div>State of Ohio - School District Income Tax Priority Creditor's Name PO Box 182402 Number Street Columbus OH 43218-2402 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> | <div>Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</div> | \$ 438.00 | \$ 438.00 | \$ 0.00 |
| 2.5 | <div>State of Ohio - School District Income Tax Priority Creditor's Name PO Box 182402 Number Street Columbus OH 43218-2402 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div> | <div>Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</div> | \$ 419.00 | \$ 419.00 | \$ 0.00 |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing else to report in this part. Submit to the court with your other schedules.
- ☒ Yes. Fill in all of the information below.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

| | | | |
|-----|---|---|-------------|
| 4.1 | <p>Capital One Auto Finan Nonpriority Creditor's Name</p> <p>3901 Dallas Pkwy Number Street</p> <p>Plano TX 75093 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 1001</p> <p>When was the debt incurred? 2010</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced</p> | \$ 9,883.00 |
| 4.2 | <p>Cap One Nonpriority Creditor's Name</p> <p>Po Box 85015 Number Street</p> <p>Richmond VA 23285-5075 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 8730</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> | \$ 2,774.00 |
| 4.3 | <p>Cleveland Clinic Nonpriority Creditor's Name</p> <p>6801 Brecksville Rd Number Street</p> <p>Independence OH 44131 City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</p> | \$ Unknown |

| | | | |
|-----|---|---|--------------|
| 4.4 | Midland Funding Nonpriority Creditor's Name 8875 Aero Dr Ste 200 Number Street San Diego CA 92123 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 8480 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | \$ 878.00 |
| 4.5 | Regional Acceptance Co Nonpriority Creditor's Name 304 Kellm Road Number Street Virginia Beach VA 23462 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 0501 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced | \$ 14,472.00 |
| 4.6 | Rise Nonpriority Creditor's Name 4150 International Plaza Suite 300 Number Street Fort Worth TX 76109 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 4723 When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify | \$ 1,701.00 |

| | | | |
|--|--|--|-----------|
| 4.7 | Us Bank Nonpriority Creditor's Name Po Box 790084 Number Street Saint Louis MO 63179 City State ZIP Code | Last 4 digits of account number 9353 When was the debt incurred? 2005 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 701.00 |
| Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Internal Revenue Service
 Creditor's Name
 1240 East Ninth St Room 493
 Number Street
 Cleveland OH 44199
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | Total claim |
|---------------------------------|---|------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ 7,617.21 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. \$ 7,617.21 |
| | | Total claim |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 30,409.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. \$ 30,409.00 |

Fill in this information to identify your case:

| | | | |
|---|------------------|-------------|-----------|
| Debtor 1 | Jose Ivan Medina | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Ohio | | | |
| Case number (If known) | 17-15991 | | |

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

Occupation

Human Resources

Employer's name

Janitorial Services, Inc.

Employer's address

8555 Sweet Valley Dr Suite H

Number Street

Number Street

Cleveland, OH 44125

City State ZIP Code

City State ZIP Code

How long employed there? 25

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|----------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 4,896.67 | \$ |
| 3. Estimate and list monthly overtime pay. | 3. + \$ 0.00 | + \$ |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ 4,896.67 | \$ |

Debtor 1

Jose Ivan Medina

First Name

Middle Name

Last Name

Case number (if known) 17-15991

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-------------------|-----------------------------------|
| Copy line 4 here..... → 4. | \$ 4,896.67 | \$ |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 623.13 | \$ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 135.20 | \$ |
| 5d. Required repayments of retirement fund loans | 5d. \$ 226.87 | \$ |
| 5e. Insurance | 5e. \$ 128.77 | \$ |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ |
| 5g. Union dues | 5g. \$ 0.00 | \$ |
| 5h. Other deductions. Specify: _____ | 5h. + \$ 0.00 | + \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ 1,113.97 | \$ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 3,782.70 | \$ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ |
| 8e. Social Security | 8e. \$ 0.00 | \$ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ 0.00 | \$ |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ 0.00 | + \$ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ 0.00 | \$ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 3,782.70 + | \$ = \$ 3,782.70 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | |
| | 11. + \$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. \$ 3,782.70 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. Plaintiff has been unable to work since April 2021 due to illness. Pending doctor approval, he expects to <input type="checkbox"/> Yes. Explain: return to work the week of September 13, 2021. | | |

Fill in this information to identify your case:

| | | | |
|---|------------------|-------------|-----------|
| Debtor 1 | Jose Ivan Medina | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Ohio (State) | | | |
| Case number (If known) | 17-15991 | | |

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☒ No☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,204.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1 Jose Ivan Medina
 First Name Middle Name Last Name

Case number (if known) 17-15991

| | | Your expenses |
|--|------|------------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. | \$ <u>0.00</u> |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ <u>450.00</u> |
| 6b. Water, sewer, garbage collection | 6b. | \$ <u>35.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ <u>187.07</u> |
| 6d. Other. Specify: _____ | 6d. | \$ <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. | \$ <u>450.00</u> |
| 8. Childcare and children's education costs | 8. | \$ <u>0.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ <u>125.00</u> |
| 10. Personal care products and services | 10. | \$ <u>125.00</u> |
| 11. Medical and dental expenses | 11. | \$ <u>125.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ <u>150.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ <u>75.00</u> |
| 14. Charitable contributions and religious donations | 14. | \$ <u>0.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | \$ <u>0.00</u> |
| 15b. Health insurance | 15b. | \$ <u>0.00</u> |
| 15c. Vehicle insurance | 15c. | \$ <u>100.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. | \$ <u>0.00</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | \$ <u>0.00</u> |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ <u>389.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. | \$ <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. | \$ <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. | \$ <u>0.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ <u>0.00</u> |
| 19. Other payments you make to support others who do not live with you. Specify: <u>Care for elderly mother</u> | 19. | \$ <u>200.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. | \$ <u>0.00</u> |
| 20b. Real estate taxes | 20b. | \$ <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. | \$ <u>0.00</u> |

Debtor 1 Jose Ivan Medina
First Name Middle Name Last Name

Case number (if known) 17-15991

21. **Other.** Specify: _____

21. +\$ 0.00
 +\$ _____
 +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 3,715.07

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ _____

22c. \$ 3,715.07

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 3,782.70

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 3,715.07

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ 67.63

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

| | | | |
|----------|------------------|-------------|-----------|
| Debtor 1 | Jose Ivan Medina | | |
| | First Name | Middle Name | Last Name |

| Debtor 2 (Spouse, if filing) | | | |
|---------------------------------|-------------|-----------|--|
| First Name | Middle Name | Last Name | |
| | | | |

United States Bankruptcy Court for the Northern District of Ohio

Case number 17-15991
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person_____. Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x /s/ Jose Ivan Medina

Signature of Debtor 1

x

Signature of Debtor 2

Date 09/06/2021
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

| | | | |
|---|------------------|-------------|-----------|
| Debtor 1 | Jose Ivan Medina | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Northern District of Ohio | | | |
| Case number | 17-15991 | | |
| (if known) | | | |

☒ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|--|
| Creditor's name: Specialized Loan Servi Description of property securing debt: 9049 Clay St | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Retain and Pay | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Creditor's name: LVNV Funding Description of property securing debt: 9049 Clay St | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Avoid Lien | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Creditor's name: Presige Financial Services Description of property securing debt: 2013 Honda Civic | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Retain and Pay | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor Jose Ivan Medina

Case number(if known) 17-15991

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|--|----------------------------|
|--|----------------------------|

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Jose Ivan Medina
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 09/06/2021
MM/DD/YYYY

Date 09/06/2021
MM/DD/YYYY

17-15991

Cap One
Po Box 85015
Richmond, VA 23285-5075

Capital One Auto Finan
3901 Dallas Pkwy
Plano, TX 75093

Cleveland Clinic
6801 Brecksville Rd
Independence, OH 44131

FV I, Inc.
3742 Lucent Blvd
Highlands Ranch, CA 80129

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

Internal Revenue Service
1240 East Ninth St Room 493
Cleveland, OH 44199

LVNV Funding
PO Box 10497
Greenville, SC 29603

Midland Funding
8875 Aero Dr Ste 200
San Diego, CA 92123

Midland Funding
2365 Northside Drive
San Diego, CA 92108

Presige Financial Services
PO Box 26707
Salt Lake City, UT 84126

Regional Acceptance Co
304 Kellm Road
Virginia Beach, VA 23462

Rise
4150 International Plaza Suite 300
Fort Worth, TX 76109

Specialized Loan Servi
8742 Lucent Blvd Ste 300
Littleton, CO 80129

State of Ohio
4485 Northland Ridge Blvd.
Columbus, OH 43229

State of Ohio - School District Income Tax
PO Box 182402
Columbus, OH 43218-2402

17-15991

Us Bank
Po Box 790084
Saint Louis, MO 63179

United States Bankruptcy Court
Northern District of Ohio

In re: Jose Ivan Medina

Case No. 17-15991

Debtor(s)

Chapter 7

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 09/06/2021

/s/ Jose Ivan Medina

Signature of Debtor

Signature of Joint Debtor

United States Bankruptcy Court

Northern District of Ohio

In re Jose Ivan Medina

Case No. 17-15991

Debtor

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept \$ 650.00
 Prior to the filing of this statement I have received. \$ 650.00
 Balance Due. \$ 0.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of \$ _____
 The undersigned shall bill against the retainer at an hourly rate of \$ _____
 [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

The fees disclosed here are in addition to fees paid during the pendency of Debtor's Chapter 13 case.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding; negotiation or completion of reaffirmation agreements.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

09/06/2021

/s/ Barbara Quinn Smith, 0055328

Date

Signature of Attorney

The Law Offices of Barbara Quinn Smith, LLC

Name of law firm

9853 Johnnycake Ridge Rd Suite 106
Mentor, OH 44060
440-354-4010
bqsmith@bqslegal.com

CERTIFICATE OF SERVICE

A true copy of the foregoing was served upon all creditors of record and the debtor via regular US Mail, this 7th day of September, 2021.

/s/Barbara Quinn Smith_____
Barbara Quinn Smith (0055328)